

SCC eFile	2011 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212511928			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: American Hardwood Export Council</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301</p> <p>GLEN ALLEN, VA 23060-6802</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 12/31/2011</p> <p>SCC ID NO: F1846239</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p>					
<p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1825 MICHAEL FARADAY DR</p> <p style="text-align: center;">CITY/ST/ZIP: RESTON, VA 20190</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT KIRSHNER TITLE: ASST SECRETARY ADDRESS: Burk & Reedy, LLP 818 N STRRET NW STE 400 CITY/ST/ZIP/CO: WASHINGTON, DC 20036 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT KIRSHNER TITLE: ASST SECRETARY ADDRESS: Burk & Reedy, LLP 818 N STRRET NW STE 400 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME:	Tom Inman	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO Box 427		
CITY/ST/ZIP/CO:	High Point, NC 27261		
NAME:	Dean Alanko	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	867 Airport Rd		
CITY/ST/ZIP/CO:	Grant County Industrial Park Petersburg, WV 26847		
NAME:	Werner Lorenz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1121 E 24th St		
CITY/ST/ZIP/CO:	Indianapolis, IN 46205		
NAME:	Ron Artz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	567 North Charlotte Ave		
CITY/ST/ZIP/CO:	Waynesboro, VA 22980		
NAME:	Jack Shannon Jr	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 16929		
CITY/ST/ZIP/CO:	Memphis, TN 38186		
NAME:	Grafton Cook	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	694 Highway DD		
CITY/ST/ZIP/CO:	Fayette, MO 65248		
NAME:	Tim Kassins	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	W11143 County Highway G		
CITY/ST/ZIP/CO:	Antigo, VA 54409		
NAME:	Linda Jovanovich	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Penn Center Blvd Suite 530		
CITY/ST/ZIP/CO:	Pittsburgh, PA 15235		
NAME:	Joe Phaneuf	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3311 State Rd 28		
CITY/ST/ZIP/CO:	Old Forge, NY 13420		
NAME:	Ed Korczak	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 Chesterfield Industrial Blvd		
CITY/ST/ZIP/CO:	Chesterfield, MO 63005		
NAME:	Gary Vitale	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3601 Algonquin Road Suite 400		
CITY/ST/ZIP/CO:	Rolling Meadows, IL 60008		

NAME: Kip Howlett TITLE: DIRECTOR ADDRESS: 1825 Michael Faraday Dr CITY/ST/ZIP/CO: Reston, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda Jackson TITLE: DIRECTOR ADDRESS: 5120 Highland Meadows Dr CITY/ST/ZIP/CO: Hilliard, OH 43026	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ROBERT KIRSHNER	ROBERT KIRSHNER,	4/1/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		